



RECIPROCITY APPLICATION STATE OF NEVADA WASTEWATER TREATMENT PLANT OPERATOR

(Revised April 2018)

Full Name: _____ Grade Applying For: _____
(Please print/type your name as you want it to appear on certificate) (I, II, III, or IV)

Address: _____ Home Phone: _____
(Street Number) (City) (State) (Zip Code) Cell Phone: _____

Email Address: _____

NOTE: The operator is responsible to notify Administrator of future address changes.

Are you a veteran of the United States Armed Forces: Yes No MOS & Branch: _____

Do you hold a valid Wastewater Treatment Plant Operator's Certificate? Yes No State: _____
 Grade: _____ Certificate #: _____ Issue Date: _____ Date Renewed: _____

Was this certificate received by reciprocity? Yes No If yes, from what state? _____

Total Amount of Experience as a Wastewater Treatment Plant Operator: _____ Years _____ Months
(List only full-time or equivalent (FTE) operator employment)

PRESENT EMPLOYMENT

Employer: _____ Employer's Phone #: _____
 Date of Hire: _____
 Address: _____

Job Title: _____ Length of Service as an operator: _____

Give a description of your job duties: _____

Name of Supervisor: _____
I am aware that there are significant penalties for attesting to false information. _____
Signature of Supervisor/Date

PRESENT EMPLOYER'S WASTEWATER TREATMENT FACILITIES

Type of Treatment: _____ Treatment Capacity: Average _____ MGD Maximum _____ MGD

Type of Agency: Public Private Other: _____

Brief Description of Treatment Plant: _____

Types of Methodology Used: _____

EDUCATION

List below the name of school, location, city and state in which you attended school	Years Attended	List Science, Engineering or Wastewater Courses and Degree(s) Obtained
(a) High School		
(b) College		
(c) Graduate School		
(d) Trade Business or Correspondence		

(e) Wastewater Courses Satisfactorily Completed: _____
 Other education or training you have had (*science or wastewater related*): _____

Are you presently enrolled in a wastewater course? Yes No

Instructor's Name: _____ Where: _____

PREVIOUS WASTEWATER TREATMENT PLANT OPERATOR WORK EXPERIENCE

Dates of Service	Total Years	Employer's Name/Address/Phone	Your Position/Supervisor's Name

Summarize any additional experience you have had which qualifies you for certification as a wastewater treatment plant operator: _____

REFERENCES

Give at least three references as to your operating ability (Supervisors, Foremen, etc.)

Name	Address	Phone	Job Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I certify that the information provided, including attachments, is true and accurate. By signing this application, I agree to adhere to the Wastewater Professional Code of Conduct. If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

DATE: _____ SIGNATURE: _____

<p>The nonrefundable reciprocity application fee of \$75 payable to N.D.E.P. (<i>Nevada Division of Environmental Protection</i>) is due and payable at the time of filing this application. Certificates are valid for two years, and renewable upon payment of \$30 fee.</p>	<p>MAIL TO: Wastewater Operator Certification Program Bureau of Water Pollution Control Nevada Division of Environmental Protection 901 S. Stewart, Suite 4001 Carson City, NV 89701 (775) 465-2045</p>
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Items Below for Committee Use Only

Payment Received: _____
 Check No.: _____

Approved for Grade: _____ Not Approved _____ *Administrator Signature*

Certificate Issued: _____ Certificate No.: _____ Expires: _____